

# Foster Family Home - Deficiency Report

Provider ID: 1-200069

Home Name: Julie Ann Quiambao, RN

Review ID: 1-200069-3

92-611 Aoloko Street

Reviewer: Jackie Chamberlain

Kapolei

HI 96707

Begin Date: 10/11/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed recertification inspection.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Unable to locate a [REDACTED] [REDACTED] for client # 1

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;


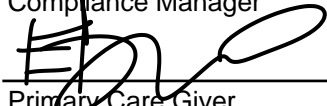
54.(c)(7) Expenditure records; and

Comment:

54.(c)(2) Service plan for client #2 has for [REDACTED] [REDACTED] to be measured [REDACTED] There is no documentation for [REDACTED]

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(7) Resident account record is blank for client 1 and 2

  
Compliance Manager  
  
Primary Care Giver

10/11/21  
Date  
10/11/21  
Date

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Julie Ann C Quiambao  
(PLEASE PRINT)

CCFFH Address: 92-611 Aoloko St. Kapolei, HI, 96707  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47. (d)(1)	Client #1's [REDACTED] is on his binder under MD orders since admission. Just might have been missed by the inspector during the inspection day.		
54. (c) (2)	Service plan of client #2 has an [REDACTED] to be measured [REDACTED] but there was no daily documentation that it was taken. I have called Case Management on 10/12/21 and made aware of the concern, CM RN corrected and removed [REDACTED] to be measure [REDACTED] as it was not necessary and client did not had any [REDACTED] for [REDACTED]	10/13/21	I will carefully and thoroughly read the service plan every time it is updated and renewed. I will write it on my white board for constant reminder.

All items that were fixed are attached to this CAP

PCG's Signature: *Julie Ann C Quiambao*

Date: 10/21/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Tekki van Houten RN / Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Julie Ann C Quiambao  
(PLEASE PRINT)

CCFFH Address: 92- 611 Aoloko St. Kapolei, HI, 96707  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54. (c)(5)	Medication Discrepancy for Client #1, medication prescription label did not match medication administration record. This is with regards client's [redacted] Supplement. Medication List did not include [redacted] dose. I have called Case Management and made aware of the concern, CM RN then revised Medication list with the medication's complete informations and was sent back to me.	10/13/21	I will carefully checked and be mindful to check medication lists and labels to make sure that both contains the complete details of the ordered medicine even if its only a supplement medication and to make sure it is matched. I will write it on my white board for constant reminder.

All items that were fixed are attached to this CAP  
PCG's Signature: *Julie Ann C Quiambao* Date: 10/21/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN/Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Julie Ann C Quiambao  
(PLEASE PRINT)

CCFFH Address: 92-611 Aoloko St. Kapolei, HI, 96707  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54. (c)(5)	Medication Discrepancy for Client #2, medication prescription label did not match MD's signed order. This is for client's [REDACTED] a new change order. New order was sent to me on [REDACTED], change was about [REDACTED] parameter was added when to hold the medication. The medication bottle label I have on hand during the inspection day (10/11/21) did not state the [REDACTED] parameter yet. I called MD's office 10/12/2021 to update pharmacy for the new order, 10/14 I got the new med bottle but the label is not matching the signed order still. I have called MD's office again on 10/15/21 and was told MD was not in the office and won't come back until 10/20/21. I called MD's office again on 10/20/21, spoke to MD and she fixed the discrepancy.	10/20/21	I will make sure to call MD's office and check pharmacy right away to update everytime MD makes any new orders or changes to order. I will write it on my white board for constant reminder.

All items that were fixed are attached to this CAP.

PCG's Signature: *Quiambao*

Date: 10/21/2021

CTA has reviewed all corrected items

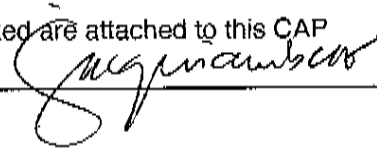
CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Julie Ann C Quiambao  
(PLEASE PRINT)

CCFFH Address: 92-611 Aoloko St. Kapolei, HI, 96707  
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54. (c)(7)	Resident record account for client #1 and client #2 is blank. For client #1, client manages his own finances and ■CG ■ doesn't get any cash or money from client and for that I wasn't aware that I have to log it. For client # 2, client has his ■ as his POA and same way ■ CG doesn't get any cash or money from client or his POA. ■ CG was told by Ms ■ to just log "\$0" if we don't get anything. I have corrected and started logging on residents' record account back tracking from their admission day.	10/11/21	I will make sure to log any activity of monies recieved/deposited and expenses if applicable or even if there's no activity, I will write it on my white board for constant reminder.

All items that were fixed are attached to this CAP  
PCG's Signature:  Date: 10/21/2021

CTA has reviewed all corrected items